

fracture of the shaft by the absence of a false point of motion at the center; but where there is abnormal motion backward and forward at the elbow when the forearm is held at a right angle to the arm, distinct crepitus may be present with either condition, and this may easily suggest the false diagnosis of fracture. The replacement of the dislocated epiphysis should be attempted as soon as possible. Traction should be made upon the arm and the forearm extended, and at the same time pressure from behind forward is applied over the dislocated epiphysis. When this is reduced the forearm is flexed to an acute angle, and a Velpeau bandage applied for three weeks. As a rule the functions of the arm are not in the least disturbed, and a good result is obtained often without a complete reduction of the dislocation.

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**Spontaneous Rupture of a Pregnant Uterus Followed by Little Disturbance.**—CHERRY (*Am. Jour. Obst.*, June, 1916) reports the case of a multipara, aged thirty-five years, admitted to hospital eight months pregnant. The day before she began to have cramp-like pains in the lower abdomen a spontaneous rupture of the membranes occurred and a diagnosis of false labor was made. Twenty-four hours later the patient came to the hospital. She stated that she had felt no movements of the child for a week. She had moderate dyspnea with slight cyanosis and some increase in pulse and respiration. On examination pregnancy was eight months, the fetus apparently presented by the breech. The head could not be felt in the upper abdomen. No fetal heart could be heard, the cervix was closed, and an irregular soft mass was movable above the pelvic brim. The patient's chief complaint was of dyspnea on lying down. The heart and lungs were normal. It was decided to introduce a dilating bag so as to hasten the development of labor. On the following day labor not having developed, section was performed. On opening the abdomen there was free blood in the peritoneal cavity, with the fetus and the placenta among the intestines. The fetus was dead, and an anencephalic monster. The uterus was well contracted and showed a longitudinal tear on its anterior and lateral walls, extending from the junction of the fundus and lower segment to the right broad ligament. On disturbing the tissues there was considerable hemorrhage from the uterus. Hysterectomy was performed followed by the uninterrupted recovery of the patient. The case is interesting, but unfortunately a minute examination of the uterine tissue was not made.

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**Induction of Labor Terminating in Death from Infection by the Gas Bacillus.**—CHERRY (*Am. Jour. Obst.*, June, 1916) reports the case of a negress, aged thirty years, a multipara. When admitted to hospital she had felt no fetal movement for two weeks. Heart sounds could not be heard. Pregnancy was seven and a half months. The patient was kept under observation for two weeks, and as the uterus showed no signs of expelling the fetus, labor was induced. This was done by introducing a dilating bag, as the cervix was hard and rigid from previous lacerations. To introduce the bag it was necessary first to dilate the cervix by instruments; antiseptic precautions were carefully observed, and twenty-four hours after the bag was introduced, as no

labor pains had followed nor was there sign of dilatation, the bag was removed and larger introduced, to which a weight was attached. This was followed by no result for sixteen hours, no pains developing, nor did the cervix soften or dilate. She then had fever, nausea and chill, and died suddenly after an attack of severe nausea and vomiting, forty-eight hours after the introduction of the first bag. Twelve hours after death her body had increased three times its natural size. A partial autopsy showed a dead fetus in the uterus, and smears revealed typical *Bacillus aërogenes capsulatus*.

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**Bleeding Nipples.**—LEWIS (*Surg., Gynec. and Obst.*, June, 1916) reports 6 cases of patients having this condition. The discharge varied from a serous to a bloody fluid, and the pathological condition present was that described as cystadenomata. By some the process is considered non-malignant; by others, a form of cancer. In some it was possible to remove the cystic portion of the breast only, while in others the entire glands were sacrificed. Some of these patients had given birth to children and had nursed them, while others had never been pregnant. The element of pregnancy does not seem to be important in the case. In some there was no tumor, while in others tumor was distinctly present. When in doubt concerning a malignant condition, it is better to sacrifice the breast than to run the risk of its subsequent development.

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**Pyelitis of Pregnancy.**—DANFORTH (*Surg., Gynec. and Obst.*, June, 1916) contributes a paper upon this subject and describes an interesting case of a woman four months pregnant, with right-sided pyelitis, with severe pain over the right kidney. On catheterizing the ureters, the catheter passed up the left ureter easily, followed by the flow of perfectly clear urine; in the right ureter the catheter was blocked about 10 c.c. from the bladder. Upon turning the patient upon the left side so that the uterus should gravitate away from the ureter, the catheter passed on into the pelvis of the kidney without difficulty, and turbid urine began at once to flow. Evidently the pelvis of the kidney had been considerably distended. The patient was very much relieved by the catheterization. To determine what relation there is between bacteria present in the bladder in normal pregnancy, and pyelitis, observations were made and 50 cultures were taken from urine secured under antiseptic precautions. From these 50 cultures, 32 showed a pure growth of staphylococci, 2 a pure culture of colon bacillus, 3 gave both germs, and 13, none. The colon bacillus then was found in pure culture or mixed with staphylococci in 5 cases. Another series were examined by catheterization under very careful antiseptic precautions. In 14, 8 cultures gave pure growth of staphylococci, 4 were negative, and 1 doubtful. When urine is obtained by the uretral catheter in cases of the pyelitis of pregnancy, the colon bacillus is found in pure culture. Evidently the germs are frequently present in the bladder of the pregnant patient although she may seem to be in excellent health. While in many cases the infection may originate in the bladder, in most cases it must be considered as coming through the blood.